



ARIZONA DEPARTMENT OF PUBLIC SAFETY

**SECURITY GUARD UNARMED
TRAINING VERIFICATION**

D.P.S.	Arizona Department of Public Safety
LICENSING	Mail Drop No. 1160
MAILING	P.O. Box 6328
ADDRESS	Phoenix, AZ 85005-6328

This form must be completed by a licensed security guard agency and attached to the applicant's security guard registration applications.

SECURITY GUARD NAME				STATE LICENSE NUMBER	
STREET ADDRESS (INCLUDE APARTMENT NO.)		CITY	STATE	ZIP CODE	DATE OF BIRTH

SIGNATURE OF SECURITY GUARD

DATE

As required by A.R.S. §32-2632, the above named security guard has completed the minimum 8-hour unarmed training program conducted by:

AGENCY NAME	AGENCY LICENSE NO.
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SIGNATURE OF QUALIFYING PARTY AND/OR RESIDENT MANAGER

DATE

SIGNATURE OF TRAINER

DATE TRAINING COMPLETED

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